



New Creation Lutheran Church

Vacation Bible School

Sunday, Aug. 14th – Wednesday, Aug. 17th

5:30 – 7:00pm

(snack on Sun, Mon & Tues. Meal on Wednesday @ 5pm.)

STUDENT REGISTRATION FORM

(Please Print)

Child's Name _____

Child's Age _____ Child's Birth Date _____ Child's Grade _____

Parent/Guardian Name(s) _____

Home Phone _____ Work Phone _____ Mobile _____

Email _____ Preferred Contact Method _____

EMERGENCY INFORMATION

Emergency Contact 1 _____ Phone _____

Emergency Contact 2 _____ Phone _____

Doctor _____ Phone _____

Allergies or Special Needs _____

DISMISSAL

Who may pick up your child at the end of VBS each day?

Name _____ Relationship _____

Name _____ Relationship _____

By signing, you are giving permission for your child to take part in VBS activities, allowing leaders to obtain for medical care for your child if they deem necessary, and waiving responsibility for any accidents.

Parent/Guardian Signature _____ Date _____

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